

DISCLOSURE SUMMARY PAGE

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: ☒ 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Mary Gaskill

Political Party (if applicable)

Democratic

Office Sought

State Representative

District (if Senate or House)

House District 93

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 01/19/2010

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☒ 2☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 1,320.07

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,011.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 6,331.07

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,781.95

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 4,549.12

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 604.47

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1/11/2009	ID# 6264 CK# 1016	Iowa Automotive Recyclers PAC 55 West 32 St Dubuque, IA 52001	none	\$200.00	<input type="checkbox"/>
6/30/2009	ID# CK#	Jim Lindenmayer 816 E Alta Vista Ave Ottumwa, IA 52501	none	100.00	<input type="checkbox"/>
6/30/2009	ID# CK#	Thomas A. Rubel 2192 Port Talbot Place Coraville, IA 52241	none	50.00	<input type="checkbox"/>
6/30/2009	ID# CK#	Marlene Sprouse 12 Bear Creek Estates Ottumwa, IA 52501	none	50.00	<input type="checkbox"/>
6/30/2009	ID# CK#	M. Ann Aulwes-Allison 436 E Manning Ave Ottumwa, IA 52501	none	100.00	<input type="checkbox"/>
6/30/2009	ID# CK#	Bob Morrissey 10768 Bladensburg Rd Ottumwa, IA 52501	none	100.00	<input type="checkbox"/>
8/6/2009	ID# 6058 CK# 4502	Iowa Chiropractic Society PAC 100 East Grand Ave. Ste 240 Des Moines, IA 50309	none	100.00	<input checked="" type="checkbox"/>
8/6/2009	ID# 6070 CK# 3877	Iowa LawPAC 625 East Court Avenue Des Moines, IA 50309	none	100.00	<input checked="" type="checkbox"/>
8/22/2009	ID# CK#	James H. Schwartz 107 E 2nd St. Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
8/22/2009	ID# CK#	Donald S. Shaffer 416 Cory Dr Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 900.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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8/22/2009	ID# CK#	Judy K. Beisch 2062 Great Oak Dr Ottumwa, IA 52501	none	\$50.00	<input checked="" type="checkbox"/>
8/22/2009	ID# CK#	Cloma Gates 414 Bryan Rd Ottumwa, IA 52501	none	200.00	<input checked="" type="checkbox"/>
8/22/2009	ID# 9758 CK# 1036	Labors Local Union 566 1305 E Mary St Suite A Ottumwa, IA 52501	none	250.00	<input checked="" type="checkbox"/>
8/22/2009	ID# CK#	A. J. Goodman 6 Woodshire Dr Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
8/22/2009	ID# CK#	Gary W. Nielson 2246 Plaen View Dr Iowa City, IA 52246	1st Cousin	50.00	<input checked="" type="checkbox"/>
8/22/2009	ID# CK#	Mary B. Krafka 931 W Mary St Ottumwa, IA 52501	none	30.00	<input checked="" type="checkbox"/>
8/22/2009	ID# CK#	Patrick J. Murphy 155 N Grandview Ave Dubuque, IA 52001	none	50.00	<input checked="" type="checkbox"/>
8/31/2009	ID# CK#	Steve Siegel 411 N Court St Ottumwa, IA 52501	none	50.00	<input type="checkbox"/>
8/31/2009	ID# CK#	William R. Woerner 300 Ivanhoe Rd Waterloo, IA 50701	none	100.00	<input type="checkbox"/>
9/10/2009	ID# 6067 CK# 4108	Iowa Health PAC 1775 90th St West Des Moines, IA 50266	none	250.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1080.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

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9/10/2009	ID# CK#	Ron Stursma 402 Grandview Ave. Ottumwa, IA 52501	none	\$100.00	<input checked="" type="checkbox"/>
9/10/2009	ID# CK#	Steve Ackerson 1634 NW 131 St Clive, IA 50325	none	100.00	<input checked="" type="checkbox"/>
10/18/2009	ID# CK#	Elaine L. Orr 186 Carter Ave Ottumwa, IA 52501	none	30.00	<input type="checkbox"/>
10/24/2009	ID# 9737 CK# 1176	Iowa Harness Horseman's Association PAC P.O. Box 107 Grinnell, IA 50112	none	500.00	<input type="checkbox"/>
11/20/2009	ID# 6484 CK# 1097	Iowa Society of Anesthesiologists Inc - PAC 525 SW 5th St Ste A Des Moines, IA 50309	none	100.00	<input type="checkbox"/>
11/20/2009	ID# 6478 CK# 1217	Iowa Association of Nurse Anesthetists IANA-PAC 17893 224 th St Manchester, IA 52057	none	200.00	<input type="checkbox"/>
12/09/2009	ID# 2653 CK# 2762	Iowa Hospital Association PAC 100 E Grand Suite 100 Des Moines, IA 50309	none	500.00	<input type="checkbox"/>
12/24/2009	ID# 6096 CK# 2168	Manufactured Housing PAC 1400 Dean Ave Des Moines, IA 50316	none	500.00	<input type="checkbox"/>
12/29/2009	ID# 6059 CK# 3409	Iowa Committee of Automotive Reatailers 1111 Office Park Rd West Des Moines, IA 50265	none	200.00	<input type="checkbox"/>
06/30/2009	ID# CK#	Mick Lawson 1601 N Court St Ottumwa, IA 52501	none	100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 2330

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/06-09/10 2009	ID# CK#	Unitemized Contributions <i>for the period</i>	none	\$531.00	<input checked="" type="checkbox"/>
08/31-10/24 2009	ID# CK#	Unitemized Contributions <i>for the period</i>	none	170.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 701.00	
TOTAL (if last page of this schedule)				\$ 5011.00	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/25/2009	ID# CK# 1163	Orchid Suites, Inc 2001 S Street NW Suite 550 Washington, DC 20009	Check voided as it was lost in the mail.	\$ -45.00
01/25/2009	ID# CK# 1168	Orchid Suites, Inc 2001 S Street NW Suite 550 Washington, DC 20009	Web page	45.00
01/29/2009	ID# CK# 1169	Orchid Suites, Inc 2001 S Street NW Suite 550 Washington, DC 20009	Web Page - replacing #1163	45.00
01/31/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	8.37
02/21/2009	ID# CK# 1170	United States Post Office 616 W 2nd St. Ottumwa, IA 52501	Postage	66.40
02/28/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	8.54
03/27/2009	ID# CK# 1171	United States Post Office 616 W 2nd St. Ottumwa, IA 52501	Postage	83.00
03/31/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	8.05
SUB-TOTAL				\$ 219.36
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 4

(for Schedule B)

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/18/2009	ID# CK# 1172	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	Re-Imbursement costs of Domain Name	\$ 15.36
04/30/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	8.34
05/30/2009	ID# CK# 1173	Orchid Suites, Inc 2001 S Street NW Suite 550 Washington, DC 20009	Web Page costs	45.00
05/31/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	8.58
06/30/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	8.47
07/31/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	8.88
08/23/2009	ID# CK# 1174	IDP Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	Donation	1000.00
08/06/2009	ID# CK# 1175	Adam Phillips 400 E Locust St. Unit 212 Des Moines, IA 50309	Food for Fund Raiser	45.00
SUB-TOTAL				\$ 1139.63
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/20/2009	ID# CK# 1176	Orchid Suites, Inc. 1806 T Street NW Suite 200 Washington, DC 20009	Web Page	\$ 45.00
08/12/2009	ID# CK# 1177	Adam Phillips 400 E Locust St. Unit 212 Des Moines, IA 50309	Postage Reimbursement	110.00
08/13/2009	ID# CK# 1178	The Dandy Dollar 118 W 3rd St Ottumwa, IA 52501	Newspaper Ad	34.50
08/13/2009	ID# CK# 1179	The Ottumwa Courier 213 E 2nd St Ottumwa, IA 52501	Newspaper Ad	45.00
08/25/2009	ID# CK# 1180	Elk's Club 413 S Iowa Ave Ottumwa, IA 52501	Hall Rent	100.00
08/31/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	13.48
10/20/2009	ID# CK# 1181	Orchid Suites, Inc. 1806 T Street NW Suite 200 Washington, DC 20009	Web Page	45.00
09/30/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	8.99
SUB-TOTAL				\$ 401.97
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/31/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	\$ 7.83
11/30/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	6.69
12/31/2009	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Service Costs	6.47
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 20.99
TOTAL (if last page of this schedule)				\$ 1781.95

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
08/06/2009	House Truman Fund 5661 Fleur Dr Des Moines, IA 50321	none	Invitations	\$ 33.33	<input checked="" type="checkbox"/>
08/22/2009	Carolyn Pilcher 1201 Hammond Ave Ottumwa, IA 52501	none	Food & Suplies	55.23	<input checked="" type="checkbox"/>
08/22/2009	Rose Palm 13901 120th Ave Ottumwa, IA 52501	none	Food	25.00	<input checked="" type="checkbox"/>
10/03/2009	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	self	Food	169.36	<input checked="" type="checkbox"/>
12/31/2009	Mary Gaskill 509 E 4th St	self	1/4 of annual computer online connection	80.97	<input type="checkbox"/>
12/31/2009	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	self	1/2 of annual e mail service	89.75	<input type="checkbox"/>
12/31/2009	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	self	1/4 of annual Telephone service	150.83	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 604.47	
TOTAL (if last page of this schedule)				\$ 604.47	

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